Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTR	ATIVE	PROCEDURES	NOTICE	FILING

ADMINISTRATIVE PROCEDURE	NOTICE FILI	NG					
AGENCY NAME MS State Department of Health		CONTACT PERSON Mitchell Adcock	1. S.	TELEPHONE NUMBER 601-576-7847			
ADDRESS PO Box 1700		CITY Jackson		STATE ZIP MS 392			
EMAIL ingrid.williams@msdh.ms.gov	SUBMIT DATE 10/15/15	Name or number of rule(s): MINIMUM STANDARDS FOR SURGICAL FACILITIES	MINIMUM STANDARDS FOR THE OPERATION OF AMBULATORY				
Short explanation of rule/amendment	/repeal and reas	son(s) for proposing rule/amendm	ent/repeal:				
Modifies current Minimum Standards for	the Operation o	f Ambulatory Surgical Facilities to be	consistent v	with the Fede	al Regulation that		
requires the ASC to transport its patients	to a local hospit	al in the event of an emergency an	d it also add	ls the definitio	n of local hospital.		
Specific legal authority authorizing the	e promulgation o	of rule: Miss. Code Ann. §41-75-13					
List all rules repealed, amended, or su	spended by the	proposed rule: Rule(s) 42.2.1 & 42	2.10.1				
ORAL PROCEEDING:							
An oral proceeding is scheduled for Presently, an oral proceeding is not If an oral proceeding is not scheduled, an oral pten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email ad comment period, written submissions including ECONOMIC IMPACT STATEMENT:	it scheduled on to troceeding must be he should be submitted clude the name, add dress, and telephond	his rule. held if a written request for an oral proceed to the agency contact person at the above ress, email address, and telephone numbe e number of the party or parties you repres	ding is submitted address with rof the personent. At any ti	in twenty (20) d n(s) making the me within the ty	ays after the filing of this request; and, if you are an venty-five (25) day public		
Economic impact statement not re	equired for this r	ule. Concise summary of e	conomic im	pact stateme	nt attached.		
Original filing Renewal of effectiveness New Section proposed Are section proposed 30		ew rule(s) mendment to existing rule(s) epeal of existing rule(s) doption by reference If final effective date: O days after filing ther (specify):	FINAL ACTION ON RULES Date Proposed Rule Filed: 08/28/2015 Action taken: X Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: X 30 days after filing Other (specify):				
Printed name and Title of person a	uthorized to fi	le rules: Mitchell Adcock, Chief A	dministrati	on Officer			
Signature of person authorized to	file rules: 🏒	1 Hotell Odean					
OFFICIAL FILING STAMP	DO	NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP		OFFICIAL FILING STAMP			
Accepted for filing by	Accepte	d for filling by	Accepted	for filing by	OF STATE		
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.